

Wisconsin Department of Regulation & Licensing

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CHIROPRACTIC EXAMINING BOARD

CHIROPRACTIC COLLEGE PRECEPTORSHIP PROGRAM APPROVAL REQUEST FORM

The following must be completed by the administrator of the preceptorship program at the college.

ADMINISTRATOR APPLICATION

PLEASE TYPE OR PRINT IN INK

Chiropractic College	Address	
Contact Person	Daytime Telephone	
Name of Preceptor	Address	
Name of Student	Period of Preceptorship (dates)	Graduation Date

1. IS THE PRECEPTORSHIP PROGRAM AN ESTABLISHED COMPONENT OF THE CURRICULUM OF THE COLLEGE?
☐ Yes ☐ No
2. HAS THIS PROGRAM BEEN REVIEWED & APPROVED BY THE WISCONSIN CHIROPRACTIC EXAMINING BOARD?
☐ Yes ☐ No
3. IS THE PRECEPTOR A FACULTY MEMBER OF THE CHIROPRACTIC COLLEGE?
☐ Yes ☐ No
4. HAS A LIST OF FACULTY MEMBERS, WHICH INCLUDES THIS PRECEPTOR, BEEN SUBMITTED FOR APPROVAL BY THE CHIROPRACTIC EXAMINING BOARD?
☐ Yes ☐ No

(Preceptorship Program Administrator)

(Date)

The following questions must be completed by the preceptor.

PRECEPTOR APPLICATION

5. ARE YOU A GRADUATE FROM CHIROPRACTIC COLLEGE?
☐ Yes ☐ No If yes, list name and address of college.
6. HAVE YOU BEEN IN CONTINUOUS CHIROPRACTIC PRACTICE IN WISCONSIN FOR THE PREVIOUS 5 YEARS?
☐ Yes ☐ No
7. HAS YOUR LICENSE EVER BEEN DENIED, RESTRICTED, REVOKED, SUSPENDED, LIMITED, SURRENDERED OR CANCELLED, OR HAS ANY OTHER DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN THIS STATE OR ANY OTHER JURISDICTION?
☐ Yes ☐ No If yes, give details on an attached sheet.
8. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW GOVERNING THE PRACTICE OF CHIROPRACTIC OR ANY OTHER PROFESSION IN THIS STATE OR ANY OTHER JURISDICTION?
☐ Yes ☐ No If yes, give details on an attached sheet.
9. HAS YOUR LICENSE TO PRACTICE ANY OTHER PROFESSION EVER BEEN DENIED, RESTRICTED, REVOKED, SUSPENDED, LIMITED, SURRENDERED OR CANCELLED, OR HAS ANY OTHER DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE TO PRACTICE ANY PROFESSION IN ANY OTHER JURISDICTION?
☐ Yes ☐ No If yes, which states(s)? _____
If yes, give details on an attached sheet.

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10. HAVE YOU OR YOUR CLINIC EVER BEEN THE DEFENDANT IN A LAWSUIT ALLEGING ANY FORM OF MALPRACTICE OR INCOMPETENCE IN THE PRACTICE OF CHIROPRACTIC OR ANY OTHER PROFESSIONAL SERVICES?
☐ Yes ☐ No If yes, submit a copy of the suit or claim and the final settlement or disposition.
11. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OR ARE YOU SUBJECT TO A PENDING CHARGE (EXCLUDING MINOR TRAFFIC VIOLATIONS)?
☐ Yes ☐ No If yes, give details on an attached sheet.

The following questions must be completed by the student.

STUDENT APPLICATION

12. ARE YOU IN YOUR LAST ACADEMIC QUARTER, SEMESTER, OR TRIMESTER OF STUDY?
☐ Yes ☐ No
13. ARE YOU ELIGIBLE FOR GRADUATION FROM THE COLLEGE OF CHIROPRACTIC EXCEPT FOR COMPLETION OF A PRECEPTORSHIP PERIOD?
☐ Yes ☐ No
14. IF YOU HAVE GRADUATED, ARE YOU APPLYING FOR THE POSTGRADUATE PROGRAM?
☐ Yes ☐ No
15. LIST THE EXAM DATE YOU ARE PLANNING ON TAKING THE WISCONSIN CHIROPRACTIC LICENSURE EXAM:

PRECEPTORSHIP PROGRAM AGREEMENT

The following regulation/goals must be read and agreed upon by the preceptor and student prior to signing the agreement statement:

THE PRECEPTOR:

- shall supervise no more than one chiropractic student at any one time;
- is responsible for the practice of the student;
- will identify the student to the patients of the preceptorship practice in such a way that no patient will tend to be misled as to the status of the student;
- shall have each patient or parent/guardian of each patient to provide informed consent to treatment of that patient by the student;
- will exercise direct, on-premises supervision of the student at all times during which the student is engaged in any facet of patient care in the clinic.

THE PRECEPTORSHIP WILL TERMINATE IF:

- the student graduates from the college operating the preceptorship program;
- the graduate chiropractor is declared to have passed OR failed a chiropractic licensing examination by any licensing authority;
- six months have passed since the graduate chiropractor graduated from a chiropractic college;
- the preceptor is formally charged with a criminal offense which substantially relates to the practice of chiropractic;
- the preceptor is formally alleged to have violated the statutes or administrative rules pertaining to the practice of chiropractic;
- the preceptor is formally complained against in a civil action for malpractice.

We hereby agree that the above has been read and agreed to and will act in compliance with the terms of the preceptorship program determined by the Wisconsin Chiropractic Examining Board and the chiropractic college concerning the guidelines set for the preceptor and student in Wisconsin.

(Supervising Chiropractor/Preceptor)

(Date)

(Student)

(Date)